

**West Meade Swim Club 2010
Dive Team Registration Form
Coach Ellen Simpson
615-330-1623**

Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

(Include divers email also, if applicable)

Divers Information

Name: _____ DOB: _____ Shirt Size: _____

Name: _____ DOB: _____ Shirt Size: _____

Name: _____ DOB: _____ Shirt Size: _____

I give my permission for employees of West Meade Swim & Tennis Club to seek medical attention for my child in the case of an emergency and I cannot be reached.

Signature: _____ Date: _____

Fees:

One Diver - \$60.00
Two Divers - \$100.00

Practice Times:

9am – 10am – 10 & under
10:15 – 11:15 – 11 & up